

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016642

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **383** Primary Registration District No. **5758** Registrar's No. **249**

FILED APR 24 1963

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT. VERNON		c. CITY OR TOWN PURCELL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI STATE SANATORIUM		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First Middle Last OTTO SIDENSTRICKER			4. DATE OF DEATH Month Day Year APRIL 15 1963		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-1-04	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) NECK CITY, MISSOURI	

13a. FATHER'S NAME SIDENSTRICKER	13b. MOTHER'S MAIDEN NAME Maude Rowland	14. NAME OF HUSBAND OR WIFE ALMA Sidenstricker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)	16. SOCIAL SECURITY NO. 69	17. INFORMANT HOSPITAL RECORD, MO. SS, MT. VERNON, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY TUBERCULOSIS, FAR ADVANCED		INTERVAL BETWEEN ONSET AND DEATH 4 yrs. plus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ① GASTRO INTESTINAL HEMORRHAGE, CAUSE UNDETERMINED. ② OBLITERATIVE VASCULAR DISEASE, RT. LEG, WITH GANGRENE OF RT. TOES.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from MARCH 22, 1963 to APRIL 15, 1963 and last saw him alive on APRIL 15, 1963 Death occurred at 1:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Wernon Engelbrecht, M.D.</i> (Degree or title)	22b. ADDRESS MO. STATE SAN., MT. VERNON, MO.	22c. DATE SIGNED 4-16-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/17/1963	23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery, Purcell, Missouri	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home	25. DATE RECD. BY LOCAL REG. 4-17-63	26. REGISTRAR'S SIGNATURE <i>Loy Shantham</i>
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Webb City, Mo.
(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	DATE AMENDED	INSTEAD OF	DOCUMENT
3				
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BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard H. Lewis

Licensed Embalmer No. 4405

P. O. Address

Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.